

**NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH (NJCSER)  
INSTRUCTIONS FOR FELLOWSHIP APPLICATION**

Please follow these instructions carefully.

- A. The following pages represent the application for a New Jersey Commission on Spinal Cord Research **Fellowship**. You should type your application clearly using the space provided. If additional space is required, please make sure that you photocopy all continuation pages. All narrative should be single spaced.
- B. The original (signed) and 25 copies of the application package must be provided. If including photographs, provide four (4) sets of originals; the rest may be photocopies. Forward the entire package to:

Mailing Address:

N. J. Commission on Spinal Cord Research  
PO Box 360  
Trenton, NJ 08625-0360

Overnight Services (UPS, FedEx, Airborne):

N. J. Commission on Spinal Cord Research  
Health-Agriculture Building, 4th Floor  
Warren and Market Streets  
Trenton, NJ 08611

- C. The Acknowledgement Page must be completed and returned with the application, so that you can be notified when your application is received in this office.
- D. NJCSER Research Guidelines outline the application process. These Research Guidelines should be read carefully before completing the application form. The Research Guidelines and the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research are available for review at <http://www.state.nj.us/health/spinalcord/>.
- E. Be sure to make a photocopy of the grant application for your records.
- F. The New Jersey Commission on Spinal Cord Research wishes to express its appreciation for your interest. You may contact us directly at (609) 292-4055 for assistance in the completion of the Fellowship Application.
- G. Application instructions.
1. Please check appropriate box.
  2. Provide title of training proposal.
  - 3.a-h. Complete all requested information. Preference is given to qualified candidates who are residents of New Jersey. Proof of residency may be required. (Postdoctoral students may be foreign nationals with an educational visa.)
  - 4-7. Please complete information on the type and the timetable of your proposed training.
  - 8.a-c. Sponsor must provide Biosketch, Publications, Research Support, a Training Plan and a reference for the applicant.
  - 9-12. Accurate information on the institution where training will take place must be included. All training must take place in New Jersey institutions.
  13. You should read certification carefully and sign below.
  - 14-16. Please follow instructions on application.

17. You must list all applications for other fellowship support. Although institutions may supplement New Jersey Commission on Spinal Cord Research postdoctoral fellowships from internal sources, applicants may NOT hold more than one fellowship at a time.
18. Graduate students must arrange for a transcript to be sent to New Jersey Commission on Spinal Cord Research offices at address above.
19. Complete if applicable.
20. Complete if applicable.
21. References should be sent a Confidential Qualification Appraisal to complete and return to Commission offices before application deadline. See Page 28 for form.
- 22-23. Please do not exceed space provided.
- 24-25. For Postdoctoral Fellowships - Non-research activities such as teaching, may not occupy more than 10% of the fellow's time.  
  
For Graduate Student Fellowships - Non-research activities, such as teaching, may not occupy more than 20% of the fellow's time.  
  
The primary function of awards is to provide training in research. (See Research Program Guidelines for New Jersey Commission on Spinal Cord Research.)
- 26-29. Use appropriate sheets. Items 26 through 28 should be no longer than 1 page each. Item 29 (Research Plan) should be 1-2 pages for graduate fellows and 7 pages for postdoctoral fellows.
30. Lay Abstract: Must be completed by applicant. Please follow instructions carefully. Do not use technical language.
31. Please follow instructions on application.
- 32-46. Must be completed by sponsor.

## ACKNOWLEDGEMENT OF GRANT APPLICATION

This acknowledgement will confirm receipt of your application for a grant by the New Jersey Commission on Spinal Cord Research.

Date \_\_\_\_\_

**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(Follow Instructions carefully)*

| STATE USE ONLY                |               |
|-------------------------------|---------------|
| Number                        | Date Received |
| Spending Plan Number          |               |
| Funding Authorization Numbers |               |

1. ☐ GRADUATE ☐ POSTDOCTORAL

2. Title of Training Proposal

**3. APPLICANT**

3a. Name of Applicant (Last, First, Middle Initial)

3b. Email Address

3c. Present Mailing Address (Street, City, State, Zip Code)

3d. Permanent Mailing Address (Street, City, State, Zip Code)

3e. Office Tel. No. (Area Code, No., and Ext.)

3f. Home Tel. No. (Area Code, No., and Ext.)

3g. Permanent Tel. No. (Area Code, No., & Ext.)

3h. Prior and/or Current National Research Service Award Support (Individual and/or Institutional)

☐ No ☐ Yes (If Yes, Specify type, Dates, Grant Number)

4. Training Under Award - Discipline

4a. Subdiscipline

5. Dates of Proposed Training

From:  
Through:

6. Proposed Training Duration

Years:  
Months:

7. Degree Sought During Proposed Training

Degree:  
Expected Completion Date:

8a. Sponsor (Name, Position, Title, and Office Phone No.)

8b. Department, Service, Laboratory, or Equivalent

8c. Major Subdivision

9. Proposed Sponsoring Institution (Name and Address)

10. Name and Address of Institution Where Training Will Take Place if Different from Item 9.

11. Official in Business Office to be Notified if an Award is Made (Name, Title, Address, Tel. No.)

12. Employer ID Number

13. CERTIFICATION: The applicant certifies that to the best of his/her knowledge and belief all data in this application and attachments are true and correct. The applicant further understands that any award received as a result of this application shall be subject to the regulations and rules set forth by the New Jersey State Commission on Spinal Cord Research for administration of NJCSCR awards.

Signature

Date

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**14. EDUCATION (After High School) Items 14, 15 & 16 should account for all periods of time to date:**

| Name and Location of College or University<br>(Begin with most recent.) | Dates Attended  |               | Degree(s)                   |            | Major Field | Minor Field |
|---|-----------------|---------------|-----------------------------|------------|-------------|-------------|
|   | From<br>(Mo/Yr) | To<br>(Mo/Yr) | Received<br>and<br>Expected | Month/Year |             |             |
|   |                 |               |                             |            |             |             |
|   |                 |               |                             |            |             |             |
|   |                 |               |                             |            |             |             |
|   |                 |               |                             |            |             |             |
|   |                 |               |                             |            |             |             |
|   |                 |               |                             |            |             |             |

**15. EMPLOYMENT (After College):**

| Name and Location of Employers, including<br>Military Service, Internships, and Residencies<br>(Begin with most recent.) | Occupation or Position Title | Dates           |               |
|--|------------------------------|-----------------|---------------|
|  |                              | From<br>(Mo/Yr) | To<br>(Mo/Yr) |
|  |                              |                 |               |
|  |                              |                 |               |
|  |                              |                 |               |
|  |                              |                 |               |
|  |                              |                 |               |
|  |                              |                 |               |

**16. ACADEMIC AND PROFESSIONAL HONORS, INCLUDING ALL SCHOLARSHIPS, TRAINEESHIPS, FELLOWSHIPS, AND DEVELOPMENT AWARDS**

Indicate Source of Awards, Date, and Grant or Award Numbers, if applicable.

**17. APPLICATION FOR OTHER CONCURRENT SUPPORT**

☐ No ☐ Yes - If Yes, complete below.

| Source | Name of Program | Type of Support | Dates Of   |                  |          |
|--------|-----------------|-----------------|------------|------------------|----------|
|        |                 |                 | Submission | Expected Results | Starting |
|        |                 |                 |            |                  |          |
|        |                 |                 |            |                  |          |

## New Jersey Commission on Spinal Cord Research FELLOWSHIP APPLICATION

(To be completed by applicant. Follow Instructions sheet.)

Name (Last, First, Middle Initial)

## 18. SCHOLASTIC PERFORMANCE

**Postdoctoral applicants:** List by institution and year all undergraduate and graduate scientific and/or professional courses germane to the training sought under this award with grades.

**Graduate applicants:** Submit a transcript of all undergraduate courses.

Explain marking system if other than 1-100 or A, B, C, D, F. Show level required for passing. Graduate applicants state performance on Graduate Record Examination if available.

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**19. SPECIALTY CERTIFICATION (Attained or sought)**

| Specialty | Date |
|-----------|------|
|           |      |

**20. CURRENT PROFESSIONAL SOCIETIES**

**21. REFERENCES: List four individuals other than sponsor. Postdoctoral applicants *must* enter thesis advisor or chief of service in the first space. If *not* sending this person a reference report, explain why. (Form on Page 28.)**

| Name                               | Title, Department and Institution |
|------------------------------------|-----------------------------------|
| Thesis Advisor or Chief of Service |                                   |
|                                    |                                   |
|                                    |                                   |
|                                    |                                   |
|                                    |                                   |
|                                    |                                   |

**22. RESEARCH CAREER GOALS (Limit to this space)**

**23. TRAINING GOALS (Limit to this space)**

**24. APPROXIMATE PERCENTAGE OF PROPOSED TIME IN ACTIVITIES IDENTIFIED BELOW**

| Year   | Research | Course Work | Teaching |  |  |  |
|--------|----------|-------------|----------|--|--|--|
| First  |          |             |          |  |  |  |
| Second |          |             |          |  |  |  |
| Third  |          |             |          |  |  |  |

**25. PLANS FOR ACTIVITIES OTHER THAN RESEARCH**

**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**26. Summarize RESEARCH EXPERIENCE stating problems studied and conclusions reached. If no research experience, list other scientific experience. Do not list academic courses. (Limit to one page.)**



**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**27. Summarize DOCTORAL DISSERTATION. *(Limit to one page; postdoctoral applicants only.)***

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**28. Summarize PUBLICATIONS.**

**New Jersey Commission on Spinal Cord Research**  
**FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**29. Describe the RESEARCH PLAN** in detail identifying background, purpose, specific aims, experimental design, methodology, and any possible problems to overcome. Applicants should address the relevance of the proposed work to the development of effective interventions and cures for paralysis and other consequences of spinal cord injury and disease research.

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant. Follow Instructions sheet.)*

Name (Last, First, Middle Initial)

**30. LAY ABSTRACT OF RESEARCH PLAN**

Please describe your research project in simple, non-technical language that is understandable by a person not trained in science. Include in your discussion: 1) the significance of your project to developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease as noted in the program guidelines; and 2) any special value it might have for the citizens of New Jersey. This abstract is meant to serve as a public description of the proposed research and, should the award be made, it will be used in press releases and various NJCSCR publications.

LAY ABSTRACT - PROJECT TITLE (Do not exceed 60 spaces)

Please provide a one sentence description of your project

Description (Do not exceed space provided. Type in single spaced format.)

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by applicant.)*

Name (Last, First, Middle Initial)

**31. LIST OF SUGGESTED REVIEWERS**

In order to assure the strongest possible evaluation of this application, the Commission is offering the opportunity to list suggested scientific peers who would be able to provide a fair and equitable review of this proposal. Please list the name, address and telephone number of at least two, but no more than four, experts in this area of study. Nominees may not be employed in any non-profit research institute in New Jersey.

|            |            |
|------------|------------|
| Name:      | Name:      |
| Title:     | Title:     |
| Address:   | Address:   |
| Telephone: | Telephone: |
| Name:      | Name:      |
| Title:     | Title:     |
| Address:   | Address:   |
| Telephone: | Telephone: |

**Certification by Applicant**

I hereby assure that I know of no conflict of interest involving the above-mentioned individuals pertaining to the information provided in this application.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**32. BIOGRAPHIC SKETCH OF SPONSOR**

Name

Title

Birthdate

Education (Begin with baccalaureate and include postdoctoral training)

| Institution and Location | Degree | Year<br>Conferred | Field of Study |
|--------------------------|--------|-------------------|----------------|
|                          |        |                   |                |
|                          |        |                   |                |
|                          |        |                   |                |
|                          |        |                   |                |
|                          |        |                   |                |
|                          |        |                   |                |

**RESEARCH AND/OR PROFESSIONAL EXPERIENCE:** List in chronological order previous employment, experience, and honors. Specify the total number of publications and list, in chronological order, the titles and complete references to recent representative publications, especially those most pertinent to this application. **DO NOT EXCEED 2 PAGES.**

**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

RESEARCH AND/OR PROFESSIONAL EXPERIENCE, Continued:

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**33. RESEARCH AND TRAINING SUPPORT**

List in three separate groups: (1) Active Support; (2) Applications Pending Review and/or Funding; (3) Applications Planned or Being Prepared for Submission.

Include all Federal, non-Federal, and institutional grant and contract support. If none, state "NONE." For each item give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent grant and the subproject, and give the annual direct costs for each.) If any of these overlap, duplicate, or are being replaced or supplemented by the present application, justify and delineate the nature and extent of the scientific and budgetary overlaps or boundaries.

(1) ACTIVE SUPPORT:



**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**33. RESEARCH AND TRAINING SUPPORT, Continued**

(2) APPLICATIONS PENDING REVIEW AND/OR FUNDING:

**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**33. RESEARCH AND TRAINING SUPPORT, Continued**

(3) APPLICATIONS PLANNED OR BEING PREPARED FOR SUBMISSION:

**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**34. COMMENTS OF SPONSOR:**

- A. Summarize specific research training plans (including classes, seminars, if any) for applicant. Describe research environment and facilities.

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**34. COMMENTS OF SPONSOR, Continued:**

B. Comments on applicant's qualifications.

C. How many graduate and postdoctoral students will you be supervising during the tenure of the proposed fellowship.

Official in Business Office to be Notified if Award is Made

Institution's Federal ID Number

CERTIFICATION: We, the undersigned, certify that the information herein is true and complete to the best of our knowledge. If this application results in an award, appropriate supervision, training and adequate facilities will be provided. We also agree to abide by NJCSCR Research Guidelines as they pertain to this award.

Name of Sponsor (Print)

Signature of Sponsor

Date

Name of Official Signing for Institution (Print)

Signature of Official

Date

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**35. RESOURCES AND ENVIRONMENT**

**FACILITIES:** Mark the facilities to be used at the applicant organization and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Use "other" to describe the facilities at any other performance sites, and at sites for field studies. Use one continuation page if necessary.

☐ Laboratory:

☐ Clinical:

☐ Animal:

☐ Computer:

☐ Office:

☐ Other: (\_\_\_\_)

**MAJOR EQUIPMENT:** List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

**ADDITIONAL INFORMATION:** Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.

**New Jersey Commission on Spinal Cord Research****FELLOWSHIP APPLICATION***(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**36. CERTIFICATION FOR THE CARE AND TREATMENT OF LABORATORY ANIMALS**

It is the responsibility of the research institution as the awardee of an NJCSCR grant to assure proper care and treatment of all laboratory animals used in any NJCSCR sponsored research. Any applications involving laboratory animals must be reviewed and approved by an appropriate institutional committee.

Please check the appropriate statement:

- ☐ No laboratory animals will be used in any of the proposed activities planned in this application.
- ☐ Laboratory animals will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)

If laboratory animals are to be used, list the species and number.

I have read and reviewed the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research, which is available to me to read at: [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Signature below indicates organization agrees to and conforms to stated policy.

Please check appropriate statement:

- ☐ This is to certify that the proposed experiments on laboratory animals have been reviewed by an institutional review committee/institutional animal care and use committee on \_\_\_\_\_ (date), and found to be in accordance with current NIH policy. I have attached a copy of this approval to this grant application.
- ☐ This is to certify that the proposed experiments on laboratory animals are PENDING review by an institutional review committee/institutional animal care and use committee on \_\_\_\_\_ (date). I understand that I am required to notify and send a copy of the approval to the NJCSCR as soon as approval is obtained.
- ☐ This is to certify that the proposed experiments on laboratory animals are EXEMPT from review by an institutional review committee/institutional animal care and use committee.

Name of Authorized Institutional Official (Print)

Title

Signature

Date

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**37. CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS  
AND  
38. CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH**

**CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS**

It is the responsibility of the research institution as the awardee of an NJCSCR grant to assure that the rights and welfare of all human subjects used in any NJCSCR sponsored research are protected. Any applications involving human subjects must be reviewed and approved by an appropriate institutional committee.

Please check the appropriate statement:

- ☐ No human subjects will be used in any of the proposed activities planned in this application.
- ☐ Human subjects will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)

This is to certify that the proposed activities on human subjects have been reviewed by an institutional committee (IRB) on \_\_\_\_\_ (date) and found to be in accordance with current New Jersey Department of Health and Senior Services policy including NIH Guidelines for inclusion of women and minorities as subjects in clinical research. Review must be within the year preceding application activation date.

I have read and reviewed the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research, which is available to me to read at: [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Signature below indicates organization agrees to and conforms to stated policy.

**CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH**

It is the responsibility of the research institution as the awardee of an NJCSCR grant to assure that the physical and biological containment needed for research involving any recombinant DNA molecules is within policies set out in the current "NIH Guidelines for Research Involving Recombinant DNA Molecules."

Please check the appropriate statement:

- ☐ This application does not involve any use of recombinant DNA molecules as defined by current NIH guidelines.
- ☐ This application involves the use of recombinant DNA molecules as defined by current NIH guidelines.

This is to certify that the proposed activities involving recombinant DNA molecules have been reviewed by the appropriate institutional committee (IRB) on \_\_\_\_\_ (date) and found to be in accordance with current NIH guidelines. Review must be within the year preceding application activation date.

I have read and reviewed the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research, which is available to me to read at: [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Signature below indicates organization agrees to and conforms to stated policy.

Name of Authorized Institutional Official (Print)

Title

Signature

Date

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**39. OFFICERS AND DIRECTORS LIST**

**Complete this section only if this is the first time you are applying to the NJCSCR for a grant.**

List below the name, title, and residence address of all officers and board members of applicant. Attach additional sheets if needed.

|                     |                     |
|---------------------|---------------------|
| Name                | Name                |
| Title               | Title               |
| Residence Address   | Residence Address   |
| City State Zip Code | City State Zip Code |
| Name                | Name                |
| Title               | Title               |
| Residence Address   | Residence Address   |
| City State Zip Code | City State Zip Code |
| Name                | Name                |
| Title               | Title               |
| Residence Address   | Residence Address   |
| City State Zip Code | City State Zip Code |
| Name                | Name                |
| Title               | Title               |
| Residence Address   | Residence Address   |
| City State Zip Code | City State Zip Code |
| Name                | Name                |
| Title               | Title               |
| Residence Address   | Residence Address   |
| City State Zip Code | City State Zip Code |



New Jersey Commission on Spinal Cord Research

FELLOWSHIP APPLICATION

(To be completed by sponsor.)

Name (Last, First, Middle Initial)

40. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), and (d) of this certification in accordance with Federal Executive Order 12549.

|   |             |
|---|-------------|
| Name of Agency                                |             |
| Name and Title of Official Signing for Agency |             |
| Signature of Above Official                   | Date Signed |

NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification:

List of *parties excluded* from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U. S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCSCR-

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**41. CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his/her knowledge that:

- a. No grant funds awarded from federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Contact the federal agency awarding the funds for a copy of form.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

|   |             |
|---|-------------|
| Name of Agency                                |             |
| Name and Title of Official Signing for Agency |             |
| Signature of Above Official                   | Date Signed |

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCSCR-

New Jersey Commission on Spinal Cord Research

FELLOWSHIP APPLICATION

(To be completed by sponsor.)

Name (Last, First, Middle Initial)

42. AGENCY MINORITY PROFILE

The Department's Office of Minority Health has defined "minorities" as the four major race/ethnic minority populations (African Americans, Latinos/Hispanic, Asian/Pacific Islanders and American Indians/Eskimos) as well as linguistic minority populations who are either non-English speaking or have limited English proficiency.

Complete this form if your agency is requesting funds from this Department for the first time or has not received funds in the last two (2) years from the Department.

1. Is this a minority-managed organization?

☐ Yes ☐ No

- a. If Yes, place a check on the applicable line(s).

- ☐ Black/African American  
☐ Hispanic/Latino  
☐ American Indian  
☐ Asian/Pacific Islander  
☐ White, Not of Hispanic Origin  
☐ Other

2. Is this agency serving a large minority population?

☐ Yes ☐ No

- a. If Yes, place a check on the applicable line(s).

- ☐ Black/African American  
☐ Hispanic/Latino  
☐ American Indian  
☐ Asian/Pacific Islander  
☐ White, Not of Hispanic Origin  
☐ Other

3. Indicate all of the languages in which services are being provided by this organization, by placing a check on each applicable line:

- ☐ English  
☐ Spanish  
☐ French  
☐ Creole  
☐ Other

|   |             |
|---|-------------|
| Name of Agency                                |             |
| Name and Title of Official Signing for Agency |             |
| Signature of Above Official                   | Date Signed |

**New Jersey Commission on Spinal Cord Research**

**FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**43. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract loan or loan guarantee. The law also applies to children's services provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/grantee (for grants) certifies that the submitting agency will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

|   |             |
|---|-------------|
| Name of Agency                                |             |
| Name and Title of Official Signing for Agency |             |
| Signature of Above Official                   | Date Signed |

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCSCR-

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**44. CERTIFICATION SHEET**

INITIALS

I certify that this agency is in possession of and will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.

I have read the Certification Regarding Debarment and Suspension and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file.

I have read the Certification Regarding Lobbying and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file.

I have read the Certification Regarding Environmental Tobacco Smoke and have determined that the provisions of the Pro-Children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.

I understand that my payments will depend on timely submission of all reports.

I have submitted a listing of the Officers and Directors and their addresses and will notify you in writing within ten days of any changes as they occur. For renewal applications, I have submitted only changes from the original submission.

I have previously completed and submitted the Agency Minority Profile.

The Statement of Local Health Officer has been sent to the Local Health Officer for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.

**N/A**

I certify that this agency is not delinquent on any Federal or State debt.

As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

I have read, understand, and will comply with the instructions received with the grant application package.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

**New Jersey Commission on Spinal Cord Research  
FELLOWSHIP APPLICATION**

*(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

Proposed Sponsoring Institution

**45. CONFIDENTIAL QUALIFICATION APPRAISAL**

The applicant named above is applying for a competitively awarded Fellowship award. Please provide an overall assessment of the candidate's abilities and potential. Indicate how long you have known the applicant and under what circumstances. Please complete this enquiry promptly and send it to: The New Jersey Commission on Spinal Cord Research, Box 360, Trenton, NJ 08625-0360.

Please rate applicant on the following basis:

1-Outstanding, 2-Good, 3-Above Average, 4-Average, 5-Below Average, 6-Inadequate Opportunity to Observe

|                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Abilities    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research Abilities    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scientific Background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accuracy              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Originality           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Describe any qualifications and traits of special significance in judging the applicant's potential for a research career in the sciences related to health. (Emphasize research aspects.) Describe any weaknesses that should be considered in evaluating the applicant.

Indicate dates associated with this applicant:

Capacity at that time (Teacher, Advisor, Supervisor, or Other):

Name of Respondent (Print)

Signature of Respondent

Date

Title of Respondent, Department, and Institution

Telephone Number

New Jersey Commission on Spinal Cord Research

FELLOWSHIP APPLICATION

(To be completed by sponsor.)

Name (Last, First, Middle Initial)

46. POLICY GOVERNING RESEARCH GRANTS

**EXPENDITURES**

Minor reassignments of funds may be made by the Principal Investigator of up to 10% of the total annual budget. Any changes, which exceed 10%, require the approval of the NJCSCR.

**PAYMENTS**

Cost reimbursement or advance payment methods may be implemented for new and renewal grants upon request and approval by the NJCSCR. Payments may be withheld if Financial Reports, Grant Continuation Applications, annual Progress Reports, annual Narrative Reports, or Final Narrative Reports are outstanding. All payment arrangements will be reviewed on an individual basis.

**FINANCIAL REPORTING**

Individual accounts must be established for each grant type. Accurate records, including documentation of all transactions must be maintained. Financial reporting forms are provided by the NJCSCR and are available at [www.state.nj.us/health/forms](http://www.state.nj.us/health/forms).

All interim Financial Reports must be submitted at the end of each quarterly period. The interim Financial (quarterly) Reports are due October 20, January 20, April 20 and July 20. All Financial Reports must have the signature of the financial officer of the organization/institution, and must be submitted no later than the 20th day of the month immediately following the end of the reporting period. The NJCSCR or its designated representative reserves the right to audit accounts at any time.

Over expenditures, commitments not paid within 60 days of termination, or expenditures made prior to the activation date are not the responsibility of the NJCSCR.

A Final Financial Report, together with a refund of any unexpended funds, must be made within 60 days of termination date. This Final Financial Report should be reviewed and signed by the Principal Investigator (applicant) and the financial officer of the organization/institution. All records must be retained for 3 years from the date of the Final Financial Report. In the case of an audit or litigation, this period may be extended until completion of said action.

**INDIVIDUAL RESEARCH GRANTS**

Each funding award within the two-year period will be contingent upon the availability of funds. Second year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application. The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. **Grant Continuation Applications are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of an Individual Research grant. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. All forms are available at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). The NJCSCR office will send reminders as appropriate.

**FELLOWSHIP GRANTS**

Each funding award within the two-year period will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a first-year Progress Report accompanied by a letter of support from the fellow's mentor. Second-year fellowship funding is contingent upon the successful review of the first-year Progress Report and a recommendation from the mentor. All Progress Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B. A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of a Fellowship grant. An Evaluation Form must be completed for two years following termination of the Fellowship grant. All forms are available at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). The NJCSCR office will send reminders as appropriate.

(Continued on next page.)

**New Jersey Commission on Spinal Cord Research****FELLOWSHIP APPLICATION***(To be completed by sponsor.)*

Name (Last, First, Middle Initial)

**46. POLICY GOVERNING RESEARCH GRANTS, Continued****ONE-TIME START-UP COST GRANTS**

Each grant award will be contingent upon the availability of funds. This is a one-year grant award with a progress reporting period of five years during which time an annual Narrative Report must be submitted to the NJCSCR office. Evidence of the necessary organizational/institutional financial support to sustain the research must be included as part of the report. **All Narrative Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of a One-Time Start-Up Cost grant. All forms are available at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). The NJCSCR office will send reminders as appropriate.

**FIVE-YEAR NAMED CHAIR FOR SENIOR AND JUNIOR FACULTY GRANTS**

Annual funding within the five-year period will be contingent upon the availability of funds and the submission of an annual Narrative Report that is favorably reviewed by an independent scientific merit review panel. **All Narrative Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted within 60 days of termination of the Five-Year Named Chair grant. An Evaluation Form must be completed for two years following termination of a Five-Year Named Chair grant. All forms are available at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). The NJCSCR office will send reminders as appropriate.

**PUBLICATIONS AND PATENTS**

Publications resulting from research supported by the NJCSCR should contain an acknowledgement such as "Assisted by grant number.....from the New Jersey Commission on Spinal Cord Research." Grantees should provide 3 reprints of any such articles to the NJCSCR office. Decisions and dispositions regarding patents on discoveries made while under grant from the NJCSCR must be made with the approval of the NJCSCR.

**OWNERSHIP OF EQUIPMENT**

Equipment purchased for the purpose of research covered in grants from the NJCSCR is for the sole use of the Principal Investigator (applicant) and collaborators. However, title of such equipment shall be vested in the organization/institution. Transfer to another institution will not be allowed without written permission from the NJCSCR.

**CANCELLATION AND TRANSFER**

The NJCSCR is not responsible for expenses incurred after cancellation of the grant. All unexpended funds must be returned to the NJCSCR. Upon written approval from the NJCSCR, grants may be transferred from one institution to another within the State of New Jersey.

**COMPLIANCE WITH EXISTING LAW**

The applicant organization/institution, as grantee, agrees to assure that all activities in the performance of the grant are in compliance with all state, federal, or municipal laws. Failure to comply with such laws is grounds for termination of the grant.

**INDEMNIFICATION**

The applicant organization/institution is solely responsible to keep, save, and hold the State of New Jersey and the New Jersey Commission on Spinal Cord Research harmless from all claims, losses, liabilities, expenses or damages.

|   |             |
|---|-------------|
| Name of Agency                                |             |
| Name and Title of Official Signing for Agency |             |
| Signature of Above Official                   | Date Signed |



## 46. W-9 (To be completed by Sponsor.)

| <b>STATE OF NEW JERSEY</b><br><b>W-9 / QUESTIONNAIRE</b>   |  |  |
|--|--|--|
| THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.  |  |  |
| <b>IMPORTANT:</b> YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND <b>RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.</b>  |  |  |
| <b>PART I.</b><br><b>NAME/ADDRESS</b><br><b>(REMIT TO)</b>   | <b>REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION</b><br>Enter your taxpayer identification number and indicate whether it is a social security number or employer identification number by marking the appropriate box. | Return completed form to:<br>OMB VENDOR CONTROL<br>PO BOX 221<br>TRENTON, NJ 08625   |
| Make any correction to the pre-printed data in the space provided below. Please type or print clearly.   |  |  |
| 4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.)<br>_____  |  | MARK THE APPROPRIATE BOX:<br><input type="checkbox"/> SOCIAL SECURITY NUMBER<br><input type="checkbox"/> EMPLOYER IDENTIFICATION NO. |
| 5. For Payees exempt Form Backup Withholding (Contact the IRS for instructions)  | Requester's name and Address (Optional)  |  |
| 6. Certification: Under penalties of perjury, I certify that:<br>(1) The number shown on this form is my correct taxpayer identification number for I am waiting for a number to be issued to me, AND<br>(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.<br><br>Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. |  |  |
| PLEASE SIGN HERE   | Signature  | Date   |

| <b>PART II</b><br><b>VENDOR DATA</b>   | <b>STATE OF NEW JERSEY</b><br><b>VENDOR INFORMATION QUESTIONNAIRE</b> |  |
|--|---|--|
| 1. Enter the code from the list below that best describes your business function:<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>VENDORS</b><br/>           HC = HEALTH CARE SERVICE (NON-STATE AGENCIES)<br/>           VG = VENDORS WHO SELL OR MANUFACTURE GOODS<br/>           VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS<br/> <b>MISCELLANEOUS VENDORS</b><br/>           OT = OTHER MISCELLANEOUS VENDORS (Please specify):         </div> <div style="width: 30%;"> <b>GOVERNMENTAL ENTITIES</b><br/>           AC = AUTHORITY/COMMISSION<br/>           CF = CONFIDENTIAL FUND<br/>           CM = COUNTY/MUNICIPAL GOVT.<br/>           CU = STATE COLLEGE/UNIVERSITY<br/>           EP = NJ STATE EMPLOYEE         </div> <div style="width: 30%;">           FD = FIRE DISTRICT<br/>           PC = PETTY CASH<br/>           SA = STATE AGENCY<br/>           SD = SCHOOL DISTRICT<br/>           WB = WELFARE BOARD         </div> </div> |   |  |
| 2. Enter Primary Contact Information Below:<br>Phone: _____ Name: _____ Title: _____   |   |  |
| IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.  |   |  |
| 3. What is the principal Activity of your organization?<br>M=Manufacturing H=Health Related Service<br>S=Service G=Government O=Other (Please specify):  |   |  |
| 4. Enter the code from the list below that best describes your organization:<br>C=Corporation I=Individual P=Partnership<br>A=Association J=Joint O=Other (Please specify):  |   |  |
| 5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY (See reverse side for appropriate code.)  |   |  |

W-9X3 R(9/98)

**NEW JERSEY COUNTY/MUNICIPALITY CODES**  
(Enter the Appropriate Four-Digit Number on Line 5. Vendor Data)

**ATLANTIC COUNTY**

0101 - Absecon City  
0102 - Atlantic City  
0103 - Brigantine City  
0104 - Buena Bor.  
0105 - Buena Vista Twp.  
0106 - Corbin City City  
0107 - Egg Harbor City  
0108 - Egg Harbor Twp.  
0109 - Estell Manor City  
0110 - Folsom Bor.  
0111 - Galloway Twp.  
0112 - Hamilton Twp.  
0113 - Hammonton Town  
0114 - Linwood City  
0115 - Longport Bor.  
0116 - Margate City  
0117 - Mullica Twp.  
0118 - Northfield City  
0119 - Pleasantville City  
0120 - Port Republic City  
0121 - Somers Point City  
0122 - Ventnor City  
0123 - Weymouth Twp.

**BERGEN COUNTY**

0201 - Allendale Bor.  
0202 - Alpine Bor.  
0203 - Bergenfield Bor.  
0204 - Bogota Bor.  
0205 - Carlstadt Bor.  
0206 - Cliffs Park Bor.  
0207 - Closter Bor.  
0208 - Cresskill Bor.  
0209 - Demarest Bor.  
0210 - Dumont Bor.  
0211 - Elmwood Park Bor.  
0212 - East Rutherford Bor.  
0213 - Edgewater Bor.  
0214 - Emerson Bor.  
0215 - Englewood City  
0216 - Englewood Cliffs Bor.  
0217 - Fair Lawn Bor.  
0218 - Fairview Bor.  
0219 - Fort Lee Bor.  
0220 - Franklin Lakes Bor.  
0221 - Garfield City  
0222 - Glen Rock Bor.  
0223 - Hackensack City  
0224 - Harrington Park Bor.  
0225 - Hasbrouck Heights Bor.  
0226 - Haworth Bor.  
0227 - Hillsdale Bor.  
0228 - Hohokus Bor.  
0229 - Leonia Bor.  
0230 - Little Ferry Bor.  
0231 - Lodi Bor.  
0232 - Lyndhurst Twp.  
0233 - Mahwah Twp.  
0234 - Maywood Bor.  
0235 - Midland Park Bor.  
0236 - Montvale Bor.  
0237 - Moonachie Bor.  
0238 - New Milford Bor.  
0239 - North Arlington Bor.  
0240 - Northvale Bor.  
0241 - Norwood Bor.  
0242 - Oakland Bor.  
0243 - Old Tappan Bor.  
0244 - Oradell Bor.  
0245 - Palisades Park Bor.  
0246 - Paramus Bor.  
0247 - Park Ridge Bor.  
0248 - Ramsey Bor.  
0249 - Ridgefield Bor.  
0250 - Ridgefield Park Village  
0251 - Ridgewood Village  
0252 - Riveredge Bor.  
0253 - Rivervale Twp.  
0254 - Rochelle Park Twp.  
0255 - Rockleigh Bor.  
0256 - Rutherford Bor.  
0257 - Saddle Brook Twp.  
0258 - Saddle River Bor.  
0259 - So. Hackensack Twp.  
0260 - Teaneck Twp.  
0261 - Tenafly Bor.  
0262 - Teterboro Bor.  
0263 - Upp. Saddle River Bor.  
0264 - Waldwick Bor.  
0265 - Wallington Bor.  
0266 - Washington Twp.  
0267 - Westwood Bor.  
0268 - Woodcliff Lake Bor.  
0269 - Wood Ridge Bor.  
0270 - Wyckoff Twp.

**BURLINGTON COUNTY**

0301 - Bass River Twp.  
0302 - Beverly City  
0303 - Bordentown City  
0304 - Bordentown Twp.

0305 - Burlington City  
0306 - Burlington Twp.  
0307 - Chesterfield Twp.  
0308 - Cinnaminson Twp.  
0309 - Delanco Twp.  
0310 - Delran Twp.  
0311 - Eastampton Twp.  
0312 - Edgewater Park Twp.  
0313 - Evesham Twp.  
0314 - Fieldsboro Bor.  
0315 - Florence Twp.  
0316 - Hainesport Twp.  
0317 - Lambertown Twp.  
0318 - Mansfield Twp.  
0319 - Maple Shade Twp.  
0320 - Medford Twp.  
0321 - Medford Lakes Bor.  
0322 - Moorestown Twp.  
0323 - Mount Holly Twp.  
0324 - Mount Laurel Twp.  
0325 - New Hanover Twp.  
0326 - No. Hanover Twp.  
0327 - Palmyra Bor.  
0328 - Pemberton Bor.  
0329 - Pemberton Twp.  
0330 - Riverside Twp.  
0331 - Riverton Bor.  
0332 - Shamong Twp.  
0333 - Southampton Twp.  
0334 - Springfield Twp.  
0335 - Tabernacle Twp.  
0336 - Washington Twp.  
0337 - Westampton Twp.  
0338 - Willingboro Twp.  
0339 - Woodland Twp.  
0340 - Wrightstown Bor.

**CAMDEN COUNTY**

0401 - Audubon Bor.  
0402 - Audubon Park Bor.  
0403 - Barrington Bor.  
0404 - Bellmawr Bor.  
0405 - Berlin Bor.  
0406 - Berlin Twp.  
0407 - Brooklawn Bor.  
0408 - Camden City  
0409 - Cherry Hill Twp.  
0410 - Chesilhurst Bor.  
0411 - Clementon Bor.  
0412 - Collingswood Bor.  
0413 - Gibbsboro Bor.  
0414 - Gloucester City  
0415 - Gloucester Twp.  
0416 - Haddon Twp.  
0417 - Haddonfield Bor.  
0418 - Haddon Heights Bor.  
0419 - Hi Nella Bor.  
0420 - Laurel Springs Bor.  
0421 - Lawnside Bor.  
0422 - Lindenwald Bor.  
0423 - Magnolia Bor.  
0424 - Merchantville Bor.  
0425 - Mt. Ephraim Bor.  
0426 - Oaklyn Bor.  
0427 - Pennsauken Twp.  
0428 - Pine Hill Bor.  
0429 - Pine Valley Bor.  
0430 - Runnemede Bor.  
0431 - Somerdale Bor.  
0432 - Stratford Bor.  
0433 - Tavistock Bor.  
0434 - Voorhees Twp.  
0435 - Waterford Twp.  
0436 - Winslow Twp.  
0437 - Woodlynnne Bor.

**CAPE MAY COUNTY**

0501 - Avalon Bor.  
0502 - Cape May City  
0503 - Cape May Point Bor.  
0504 - Dennis Twp.  
0505 - Lower Twp.  
0506 - Middle Twp.  
0507 - North Wildwood City  
0508 - Ocean City City  
0509 - Sea Isle City City  
0510 - Stone Harbor Bor.  
0511 - Upper Twp.  
0512 - West Cape May Bor.  
0513 - West Wildwood Bor.  
0514 - Wildwood City  
0515 - Wildwood Crest Bor.  
0516 - Woodbine Bor.

**CUMBERLAND COUNTY**

0601 - Bridgeton City  
0602 - Commercial City  
0603 - Deerfield Twp.  
0604 - Downe Twp.  
0605 - Fairfield Twp.  
0606 - Greenwich Twp.

0607 - Hopewell Twp.  
0608 - Lawrence Twp.  
0609 - Maurice River Twp.  
0610 - Millville City  
0611 - Shiloh Bor.  
0612 - Stow Creek Twp.  
0613 - Upper Deerfield Twp.  
0614 - Vineland City

**ESSEX COUNTY**

0701 - Belleville Twp.  
0702 - Bloomfield Twp.  
0703 - Caldwell Borough Twp.  
0704 - Cedar Grove Twp.  
0705 - East Orange City  
0706 - Essex Falls Twp.  
0707 - Fairfield Twp.  
0708 - Glen Ridge Twp.  
0709 - Irvington Twp.  
0710 - Livingston Twp.  
0711 - Maplewood Twp.  
0712 - Millburn Twp.  
0713 - Montclair Twp.  
0714 - Newark City  
0715 - North Caldwell Twp.  
0716 - Nutley Twp.  
0717 - Orange City Twp.  
0718 - Roseland Bor.  
0719 - South Orange Village  
0720 - Verona Twp.  
0721 - West Caldwell Twp.  
0722 - West Orange Twp.

**GLOUCESTER COUNTY**

0801 - Clayton Bor.  
0802 - Deptford Twp.  
0803 - East Greenwich Twp.  
0804 - Elk Twp.  
0805 - Franklin Twp.  
0806 - Glassboro Bor.  
0807 - Greenwich Twp.  
0808 - Harrison Twp.  
0809 - Logan Twp.  
0810 - Mantua Twp.  
0811 - Monroe Twp.  
0812 - National Park Bor.  
0813 - Newfield Bor.  
0814 - Paulsboro Bor.  
0815 - Pitman Bor.  
0816 - South Harrison Twp.  
0817 - Swedesboro Bor.  
0818 - Washington Twp.  
0819 - Wenonah Bor.  
0820 - West Deptford Twp.  
0821 - Westville Bor.  
0822 - Woodbury City  
0823 - Woodbury Heights Bor.  
0824 - Woolwich Twp.

**HUDSON COUNTY**

0901 - Bayonne City  
0902 - East Newark Bor.  
0903 - Guttenburg Town  
0904 - Harrison Town  
0905 - Hoboken City  
0906 - Jersey City City  
0907 - Kearny Twp.  
0908 - North Bergen Twp.  
0909 - Secaucus Town  
0910 - Union City City  
0911 - Weehawken Twp.  
0912 - West New York

**HUNTERDON COUNTY**

1001 - Alexandria Twp.  
1002 - Bethlehem Twp.  
1003 - Bloomsbury Bor.  
1004 - Calton Bor.  
1005 - Clinton Twp.  
1006 - Clinton Twp.  
1007 - Delaware Twp.  
1008 - East Amwell Twp.  
1009 - Flemington Bor.  
1010 - Franklin Twp.  
1011 - Frenchtown Bor.  
1012 - Glen Gardner Bor.  
1013 - Hampton Bor.  
1014 - High Bridge Bor.  
1015 - Holland Twp.  
1016 - Kingwood Twp/  
1017 - Lambertville City  
1018 - Lebanon Bor.  
1019 - Lebanon Twp.  
1020 - Milford Twp.  
1021 - Raritan Twp.  
1022 - Readington Twp.  
1023 - Stockton Bor.  
1024 - Tewksbury Twp.  
1025 - Union Twp.  
1026 - West Amwell Twp.

**MERCER COUNTY**

1101 - East Windsor Twp.  
1102 - Ewing Twp.  
1103 - Hamilton Twp.  
1104 - Hightstown Bor.  
1105 - Hopewell Bor.  
1106 - Hopewell Twp.  
1107 - Lawrence Twp.  
1108 - Pennington Bor.  
1109 - Princeton Bor.  
1110 - Princeton Twp.  
1111 - Trenton City  
1112 - Washington Twp.  
1113 - West Windsor Twp.

**MIDDLESEX COUNTY**

1201 - Carteret Bor.  
1202 - Cranbury Twp.  
1203 - Dunellen Bor.  
1204 - East Brunswick  
1205 - Edison Twp.  
1206 - Helmetta Bor.  
1207 - Highland Park Bor.  
1208 - Jamesburg Bor.  
1209 - Metuchen Bor.  
1210 - Middlesex Bor.  
1211 - Milltown Bor.  
1212 - Monroe Twp.  
1213 - New Brunswick City  
1214 - North Brunswick Twp.  
1215 - Old Bridge Twp.  
1216 - Perth Amboy City  
1217 - Piscataway Twp.  
1218 - Plainsboro Twp.  
1219 - Sayreville Bor.  
1220 - South Amboy City  
1221 - South Brunswick Twp.  
1222 - South Plainfield Bor.  
1223 - South River Bor.  
1224 - Spotswood Bor.  
1225 - Woodbridge Twp.

**MONMOUTH COUNTY**

1301 - Aberdeen Twp.  
1302 - Allenhurst Bor.  
1303 - Allentown Bor.  
1304 - Asbury Park City  
1305 - Atlantic Highlands Bor.  
1306 - Avon-by-the-sea Bor.  
1307 - Belmar Bor.  
1308 - Bradley Beach Bor.  
1309 - Brielle Bor.  
1310 - Colts Neck Twp.  
1311 - Deal Bor.  
1312 - Eatontown Bor.  
1313 - Englishtown Bor.  
1314 - Fair Haven Bor.  
1315 - Farmingdale  
1316 - Freehold Bor.  
1317 - Freehold Twp.  
1318 - Hazlet Twp.  
1319 - Highlands Bor.  
1320 - Holmdel Twp.  
1321 - Howell Twp.  
1322 - Interlaken Bor.  
1323 - Keansburg Bor.  
1324 - Keyport Bor.  
1325 - Little Silver Bor.  
1326 - Loch Arbour Village  
1327 - Long Branch City  
1328 - Manalapan Twp.  
1329 - Manasquan Bor.  
1330 - Marlboro Twp.  
1331 - Matawan Bor.  
1332 - Middletown Twp.  
1333 - Millstone Twp.  
1334 - Monmouth Beach Bor.  
1335 - Neptune Twp.  
1336 - Neptune City Bor.  
1337 - Ocean Twp.  
1338 - Oceanport Bor.  
1339 - Red Bank Bor.  
1340 - Roosevelt Bor.  
1341 - Rumson Bor.  
1342 - Sea Bright Bor.  
1343 - Sea Girt Bor.  
1344 - Shrewsbury Bor.  
1345 - Shrewsbury Twp.  
1346 - South Belmar Bor.  
1347 - Spring Lake Bor.  
1348 - Spring Lake Hgts Bor.  
1349 - Tinton Falls Bor.  
1350 - Union Beach Bor.  
1351 - Upper Freehold Twp.  
1352 - Wall Twp.  
1353 - West Long Branch Bor.

1404 - Chatham Bor.  
1405 - Chatham Twp.  
1406 - Chester Bor.  
1407 - Chester Twp.  
1408 - Denville Twp.  
1409 - Dover Twp.  
1410 - East Hanover Twp.  
1411 - Florham Park Bor.  
1412 - Hanover Twp.  
1413 - Harding Twp.  
1414 - Jefferson Twp.  
1415 - Kinnelon Bor.  
1416 - Lincoln Park Bor.  
1417 - Madison Bor.  
1418 - Mendham Bor.  
1419 - Mendham Twp.  
1420 - Mine Hill Twp.  
1421 - Montville Twp.  
1422 - Morris Twp.  
1423 - Morris Plains Bor.  
1424 - Morristown Town  
1425 - Mountain Lakes Bor.  
1426 - Mount Arlington Bor.  
1427 - Mount Olive Twp.  
1428 - Netcong Bor.  
1429 - Par-Troy Hills Twp.  
1430 - Passaic Twp.  
1431 - Pequannock Twp.  
1432 - Randolph Twp.  
1433 - Riverdale Bor.  
1434 - Rockaway Bor.  
1435 - Rockaway Twp.  
1436 - Roxbury Twp.  
1437 - Victory Gardens Bor.  
1438 - Washington Twp.  
1439 - Wharton Bor.

**OCEAN COUNTY**

1501 - Barnegat Twp.  
1502 - Barnegat Light Bor.  
1503 - Bay Head Bor.  
1504 - Beach Haven Bor.  
1505 - Beachwood Bor.  
1506 - Berkeley Twp.  
1507 - Brick Twp.  
1508 - Dover Twp.  
1509 - Eagleswood Twp.  
1510 - Harvey Cedars Bor.  
1511 - Island Heights Bor.  
1512 - Jackson Twp.  
1513 - Lacey Twp.  
1514 - Lakehurst Bor.  
1515 - Lakewood Twp.  
1516 - Lavallette Bor.  
1517 - Little Egg Harbor Twp.  
1518 - Long Beach Twp.  
1519 - Manchester Twp.  
1520 - Mantoloking Bor.  
1521 - Ocean Twp.  
1522 - Ocean Gate Bor.  
1523 - Pine Beach Bor.  
1524 - Plumsted Twp.  
1525 - Pt. Pleasant Bor.  
1526 - Pt. Pleasant Bch. Bor.  
1527 - Seaside Heights Bor.  
1528 - Seaside Park Bor.  
1529 - Ship Bottom Bor.  
1530 - South Toms River Bor.  
1531 - Stafford Twp.  
1532 - Surf City Bor.  
1533 - Tuckerton Bor.

**PASSAIC COUNTY**

1601 - Bloomingdale Twp.  
1602 - Clifton City  
1603 - Haledon Bor.  
1604 - Hawthorne Bor.  
1605 - Little Falls Twp.  
1606 - North Haledon Bor.  
1607 - Passaic City  
1608 - Paterson City  
1609 - Pompton Lakes Bor.  
1610 - Prospect Park Bor.  
1611 - Ringwood Bor.  
1612 - Totowa Bor.  
1613 - Wanque Bor.  
1614 - Wayne Twp.  
1615 - West Milford Twp.  
1616 - West Paterson Bor.

**SALEM COUNTY**

1701 - Alloway Twp.  
1702 - Carneys Point Twp.  
1703 - Elmer Bor.  
1704 - Elsinboro Twp.  
1705 - Low Alloways Crk Twp.  
1706 - Mannington Twp.  
1707 - Oldmans Twp.  
1708 - Penns Grove Bor.  
1709 - Pennsville Twp.  
1710 - Pilesgrove Twp.

1711 - Pittsgrove Twp.  
1712 - Quinton Twp.  
1713 - Salem City  
1714 - Upper Pittsgrove Twp.  
1715 - Woodstown Bor.

**SOMERSET COUNTY**

1801 - Bedminster Twp.  
1802 - Bernards Twp.  
1803 - Bernardsville Bor.  
1804 - Bound Brook Bor.  
1805 - Branchburg Twp.  
1806 - Bridgewater Twp.  
1807 - Far Hills Bor.  
1808 - Franklin Twp.  
1809 - Green Brook Twp.  
1810 - Hillsborough Twp.  
1811 - Manville Bor.  
1812 - Millstone Bor.  
1813 - Montgomery Twp.  
1814 - North Plainfield Bor.  
1815 - Peapack-Gladstone Bor.  
1816 - Raritan Bor.  
1817 - Rocky Hill Bor.  
1818 - Somerville Bor.  
1819 - South Bound Brook Bor.  
1820 - Warren Twp.  
1821 - Watchung Bor.

**SUSSEX COUNTY**

1901 - Andover Bor.  
1902 - Andover Twp.  
1903 - Branchville Bor.  
1904 - Byram Twp.  
1905 - Frankford Twp.  
1906 - Franklin Bor.  
1907 - Fredon Twp.  
1908 - Green Twp.  
1909 - Hamburg Bor.  
1910 - Hampton Twp.  
1911 - Hardystown Twp.  
1912 - Hopatcong Bor.  
1913 - Lafayette Twp.  
1914 - Montague Twp.  
1915 - Newton Town  
1916 - Ogdensburg Bor.  
1917 - Sandyston Twp.  
1918 - Sparta Twp.  
1919 - Stanhope Bor.  
1920 - Stillwater Twp.  
1921 - Sussex Bor.  
1922 - Vernon Twp.  
1923 - Walpack Twp.  
1924 - Wantage Twp.

**UNION COUNTY**

2001 - Berkeley Heights Twp.  
2002 - Clark Twp.  
2003 - Cranford Twp.  
2004 - Elizabeth City  
2005 - Fanwood Bor.  
2006 - Garwood Bor.  
2007 - Hillside Twp.  
2008 - Kenilworth Bor.  
2009 - Linden City  
2010 - Mountainside Bor.  
2011 - New Providence Bor.  
2012 - Plainfield City  
2013 - Rahway City  
2014 - Roselle Bor.  
2015 - Roselle Park Bor.  
2016 - Scotch Plains  
2017 - Springfield Twp.  
2018 - Summit City  
2019 - Union Twp.  
2020 - Westfield Twp.  
2021 - Winfield Twp.

**WARREN COUNTY**

2101 - Allamuchy Twp.  
2102 - Alpha Bor.  
2103 - Bellvidere Town  
2104 - Blairstown Twp.  
2105 - Franklin Twp.  
2106 - Frinkinghyusen Twp.  
2107 - Greenwich Twp.  
2108 - Hackettstown Town  
2109 - Hardwick Twp.  
2110 - Harmony Twp.  
2111 - Hope Twp.  
2112 - Independence Twp.  
2113 - Knowlton Twp.  
2114 - Liberty Twp.  
2115 - Lopatcong Twp.  
2116 - Mansfield Twp.